

Students' self-reported confidence was assessed via feedback forms before and after the session across all four domains.

**Results:** A total of 46 students participated, with confidence levels improving significantly across all areas:

History-taking confidence increased by 46.7%, and MSE confidence rose by 27.8%.

The greatest improvements were seen in rapport-building (+47.0%) and managing difficult situations (+68.7%), highlighting the effectiveness of peer-led sessions.

**Cohort Comparison:**

Group 1 (single PSW, 5-minute interactions) showed moderate confidence improvements, with a 43.5% increase in history-taking and 43.1% in rapport-building, but only a 20.6% gain in MSE confidence.

Group 2 (two PSWs, 8–10 minute interactions) experienced greater confidence gains, particularly in history-taking (+50.1%), MSE (+35.1%), and managing difficult situations (+74.9%).

Additionally, 96% of students rated the session highly relevant ( $\geq 4/5$ ), reinforcing the value of integrating lived experience into medical education.

**Conclusion:** This study highlights that practicing psychiatric assessments with Peer Support Workers (PSWs) significantly enhances medical students' confidence, particularly in communication and handling complex patient interactions. Longer interactions with multiple PSWs led to greater improvements, emphasizing the importance of structured practice and immediate feedback. Expanding this model could strengthen psychiatric education and improve patient-centred care by bridging the gap between theoretical knowledge and real-world clinical skills.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

## Practice Recommendations for Reducing Anticholinergic Burden in People with Intellectual Disability and Mental Health Difficulties

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doi: [10.1192/bjo.2025.10437](https://doi.org/10.1192/bjo.2025.10437)

**Aims:** In people with intellectual disability (ID), anticholinergic burden (ACB) is associated with multimorbidity, polypharmacy, and premature mortality. A previously reported baseline audit evaluated ACB over a period of 3 months in two inpatient units. This project reports on the development of practice recommendations and audit standards based on that work.

**Methods:** The baseline audit results were discussed in two peer group meetings of prescribers and two multidisciplinary continuing professional development (CPD) sessions. Based on a qualitative analysis of themes from these discussions, good practice recommendations and an Anticholinergic Quick Checklist (ACQC) for screening were finalized.

**Results:** The practice recommendations were

1. The indication(s) and rationale for prescribing all psychotropic medications, including those with anticholinergic properties, should be clearly stated.

2. Consent-to-treatment procedures or best-interest decision-making processes should be followed and documented.

3. ACB of the patient's medication regime should be calculated using an instrument like the AEC scale (Medichec), ACB calculator, or equivalent.

4. Side effects of psychotropic medication and treatment outcomes should be monitored using standardised scales like the LUNBERS, GASS, CGI Efficacy Index, CGI Global Improvement, or equivalents.

5. There should be regular monitoring of treatment response and side effects of all prescribed psychotropic medications, including those with anticholinergic properties.

6. There should be regular review and evaluation of the need for continuation or discontinuation of all prescribed psychotropic medications, including those with anticholinergic properties.

**Conclusion:** There is a need to evaluate the psychometric properties of the Anticholinergic Quick Checklist (ACQC). Larger scale studies and service evaluations are needed to further improve clinical practice in addressing anticholinergic burden (ACB) in people with intellectual disabilities (ID).

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## Improving Patient Experience and Flow in the Referral Pathway with Multi-Disciplinary Team Interventions (MDT) in a Community Mental Health Team in Newham: A Quality Improvement Project

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doi: [10.1192/bjo.2025.10438](https://doi.org/10.1192/bjo.2025.10438)

**Aims:** The goal of this quality improvement (QI) project is to enhance the patient journey and flow through the referral pathway into our sub-team in Newham's community integrated mental health service (CIMHS). The key objectives are to reduce waiting times for appointments, and reduce the high non-attendance rates by improving multi-disciplinary team (MDT) interventions from the point of referral through to review by a psychiatrist. We also aim to streamline the triage system to ensure clearer criteria for medical reviews.

**Methods:** Our methods include 6 major interventions:

Data will be collected from the admin team to understand “did not attend” (DNA) trends and address underlying factors.

An occupational therapy group programme will be used to support patients waiting for medical appointments.

Collaborating with the psychology department and addressing the lack of team psychologists will be explored for psychological support.

MDT members will use a standardised quality of life questionnaire, to screen patients' needs, offering appropriate interventions.

Through MDT meetings, actively managing the caseload and ensuring timely discharge of stable patients or those who no longer require the service.

Enhancing the quality of primary care referrals with clearer guidelines to improve the triage process incorporating a standardised new referral form.

**Results:** Within our caseload of 285 patients, we reviewed current waiting times for appointments in our team from the time of referral. The average waiting time for a medical review was 54 days, and for a non-medical appointment 38 days. These waiting

times have risen in the last few months and we will analyse the factors behind this as part of the project. Over the last three months, there were two comments on patient feedback forms reporting that the waiting time for appointments was too long, with similar informal verbal feedback from other patients. We will review the patient reported experience measure forms' (PREM) feedback, following the implementation of the above MDT interventions after 3 months.

**Conclusion:** Our team needs to reduce the long waiting times for appointments and address high DNA rates to improve the efficiency of the service, while enhancing the patient experience. Currently, many new referrals are directed to medical reviews, but MDT involvement could offer earlier and more holistic interventions, addressing quality of life domains. We can promote discharge to primary care as a positive step towards recovery, with the option to opt back in, if there's a need in future.

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## Evaluation of Carer Contact Practices for Junction 17 CAMHS Inpatient Unit

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doi: [10.1192/bjo.2025.10439](https://doi.org/10.1192/bjo.2025.10439)

**Aims:** This audit aimed to assess and improve the consistency and quality of carer contact within the CAMHS inpatient ward at Junction 17. The objectives were to evaluate current communication practices against Trust policies, ensure effective documentation of carer interactions, and implement strategies to improve adherence to guidelines.

**Methods:** A retrospective audit was conducted on 12 CAMHS inpatients admitted between April 1, 2024, and June 1, 2024. Data was extracted from patient records on the PARIS system and ePMA, focusing on key carer contact indicators:

- Assignment of a staff member for carer communication.
- Documentation of consent for carer contact.
- Carer contact within 72 hours of admission.
- Communication regarding medication/management changes.
- Carer contact following incidents, home leaves, and ward rounds.
- Adherence rates were calculated, and qualitative analysis was conducted to assess documentation clarity and consistency.

**Results:** Assignment of Staff Member: Only 58% (7/12) of patients had a clearly assigned staff member responsible for carer contact.

Consent Documentation: While 100% of patients had verbal consent obtained, only 8% (1/12) had clear documentation in the PARIS system.

Carer Contact Compliance:

- Within 72 hours of admission: 100% compliance.
- Post-medication/management changes: 2/3 (66%) compliance.
- Post-incident contact: 73% (132/180 incidents) compliance.
- Post-home leave: 87% compliance.
- Post-ward round: Only 47% (51/108) compliance.

Common issues included inconsistent documentation, difficulty in retrieving records, and lack of designated time for carer communication.

**Conclusion:** While initial carer contact post-admission and post-home leave showed high compliance, significant gaps were identified in staff assignment, documentation of consent, and post-ward round communication. Key recommendations include:

Assigning primary and secondary staff members as key family links.

Standardizing documentation in the PARIS system for easier retrieval.

Allocating protected time for carer contact, particularly post-ward rounds.

Integrating carer communication into the CAMHS staff induction programme.

A re-audit is scheduled in three months to assess the impact of these interventions. If successful, the proposed guidelines will be considered for broader implementation at a national level.

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## Improving the Compliance with NICE Guidelines, for the Physical Health Monitoring of Young Persons, on Treatment for Attention Deficit Hyperactivity Disorder (ADHD), in West of Glasgow Child and Adolescent Mental Health Service (CAMHS)

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doi: [10.1192/bjo.2025.10440](https://doi.org/10.1192/bjo.2025.10440)

**Aims:** To improve the compliance with the NICE (National Institute for Health and Care Excellence) physical health monitoring guidelines, for young persons on medications, for ADHD, attending the West of Glasgow CAMHS, by at least 50%.

**Methods:** A quality improvement project was implemented to improve the compliance. As intervention staff education, multiple poster placement and introduction of the BP Percentile app was made within the team. The PDSA (Plan-Do-Study-Act) cycle was used to test the change in ideas.

**Results:** The repeat audit done 5 weeks after implementing the above interventions, resulted in a 19% increase in Blood Pressure recorded within 6 months along with 47% increase in them recorded as percentiles.

**Conclusion:** The results of the study showed marked improvement in the compliance in all aspects, especially in the recording of Blood Pressures in percentiles. The improvement was from 0% to 47% almost reaching the goal of 50%. Having said that there is still room for improvement! Future change of ideas include adding an EMIS template which automatically calculates the values in percentiles and re-auditing the cycle after the changes are implemented.

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